



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: Add existing POWs and POUs to reflect
Interconnected Water system

C64-6WC 3434-A Dou6-13-04	
FOR OFFICE USE ONLY	
CHANGE No. <u>Dou6 13-04</u>	WRIA <u>41</u>
DATE ACCEPTED <u>10-30-2013</u>	BY <u>9, 9, 13</u>
FEE \$ <u>1000</u>	REC'D <u>9, 9, 13</u>
CHECK No. <u>23334</u>	10-10-2013
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Marcus Griggs	PHONE NO. (509) 670-8002	FAX NO. ()
ADDRESS 50 Griggs Lane		
CITY Orondo	STATE WA	ZIP CODE 98843
CONTACT NAME (IF DIFFERENT FROM ABOVE) Marc Marquis, Peterson & Marquis Law Office		
PHONE NO. (509) 679-0337		
FAX NO. ()		
ADDRESS 1227 First St.		
CITY Wenatchee	STATE WA	ZIP CODE 98801
LEGAL LAND OWNER or PART OWNER NAME OF PROPOSED PLACE OF USE Marcus Griggs		
PHONE NO. ()		
FAX NO. ()		
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Ground Water Certificate 3434-A	RECORDED NAME(S) Marcus Griggs
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

64-#04129CWR13			
FOR OFFICE USE ONLY			
APP. NO. <u>04129</u>	PERMIT NO. <u>03996</u>	CERT. NO. <u>03434</u>	CERT. OF CHANGE NO. _____
Dou6-13-04		C64-6WC 3434-A	

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well		SW	NW	21	25N	21E	56500100200	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
well		SW	NW	21	25N	21E	56500100200	
well		NW	NW	21	25N	21E	56500100100	
wellx2			Gov Lt 1	21			25212110000	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation 20ac	240gpm	80af	April 1 st to October 31th

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Same			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Lots 2-6, Block 1, Fisher Orchard Tracts, Sec. 21 , T25N, R21EWM							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	21	25N	21EWM	Douglas	56500100200	19.84
NE	SW						
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Government Lot 1, being in the NENW, Sec. 21, T25N, R21 EWM;							
Lots 2-6, Block 1, Fisher Orchard Tracts, Sec. 21, T25N, R21EWM;							
The NWNW and the SWSW of Section 22 T25N, R21E and the E1/2 Section 21, T25N, R21E, Douglas County, except the South 400 feet of the West 800 feet of the NWNE and the South 15 feet of Government Lot 1 and the North 15 feet of Government Lot 2;							
Lot 1, Block 1 Fisher Orchard Tracts NWNW Sec. 21, T25N, R21EWM; and							
Government Lot 1 West of Highway 97 NWNW Sec 21, T25N, R21EWM.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
		21	25N	21EWM	Douglas	56500100200	19.84
						25212110000	28.82
						25212120000	10
						25212110001	314
						25212120002	6.96
						25212120001	6.78
		22				25212220001	80
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

Applicant holds water docs 3434-A, 3628-A, WRC 98001768 and G3-00570 which utilize wells from an interconnected irrigation system to supply water to the described properties contained within Sec 21 & 22. Applicant seeks authorization to utilize all POWs to alternatively supply water to all approved places of under production in Sections 21 and 22.

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

WRC98001768
is INACTIVE
& it was SUO
MTGW

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

_____ (Applicant Signature)	_____ (Applicant Signature)	_____ (Date)
_____ (Water Right Holder)	_____ (Water Right Holder)	_____ (Date)
_____ (Land Owner(s) of Proposed Place of Use)	_____ (Land Owner(s) of Proposed Place of Use)	_____ (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ **DATE:** ____/____/____

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 (Applicant Signature)	 (Applicant Signature)	<u>9/21/13</u> (Date)
 (Water Right Holder)	 (Water Right Holder)	<u>9/21/13</u> (Date)
 (Land Owner(s) of Proposed Place of Use)	 (Land Owner(s) of Proposed Place of Use)	<u>9/21/13</u> (Date)

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| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____